

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-679)**

SERIAL NO.

FILING DATE

AFFICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
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TOTAL	IND.	DEF.	IND.	DEF.	IND.	DEF.
TOTAL	IND.	DEF.	IND.	DEF.	IND.	DEF.
TOTAL	IND.	DEF.	IND.	DEF.	IND.	DEF.

	IND.	DEF.	IND.	DEF.	IND.	DEF.
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TOTAL	IND.	DEF.	IND.	DEF.	IND.	DEF.
TOTAL	IND.	DEF.	IND.	DEF.	IND.	DEF.
TOTAL	IND.	DEF.	IND.	DEF.	IND.	DEF.

2
18
20